

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS4961AGZ</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/07/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>7TH HEAVEN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1205 PONCE DE LEON AVE</b> <b>LAS VEGAS, NV 89123</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of a required grading re-survey conducted in your facility on 12/7/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a re-survey grade of C.  The facility is licensed for seven Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was two. Two resident files were reviewed and three employee files were reviewed.  The following deficiencies were identified:	Y 000			
Y 105 SS=E	449.200(1)(f) Personnel File - Background Check  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.  This Regulation is not met as evidenced by: Based on record review on 12/7/10, the facility failed to ensure 1 of 3 employees met background check requirements of NRS 449.176	Y 105			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	Continued From page 1  to 449.188 (Employee #3 - the background check located in the file was from greater than six months previous to hire).  This was a repeat deficiency from the 6/17/10 State Licensure survey.  Severity: 2 Scope: 2	Y 105			
Y 356 SS=F	449.222(6) Bathrooms and Toilet Facilities  NAC 449.222 6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times.  This Regulation is not met as evidenced by: Based on observation on 12/7/10, the facility did not ensure the locks on 2 of 3 bathroom doors could be opened with a single motion (Bathroom #1 and #2).  This was a repeat deficiency from the 6/17/10 State Licensure survey.  Severity: 2 Scope: 3	Y 356			
Y 621 SS=E	449.2702(4)(b) Admission Policy  NAC 449.2702 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (b) Requires restraint.	Y 621			

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Y 908	Continued From page 4	Y 908			
	Severity: 1 Scope: 3				
Y 991 SS=F	449.2756(1)(b) Alzheimer's Fac door alarm  NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility.  This Regulation is not met as evidenced by: Based on observation on 12/7/10, the facility failed to ensure that 2 of 3 of exit doors had installed alarms that operated when the exit door was opened (the front door and back patio exit door - both alarms were in the off position).  Severity: 2 Scope: 3	Y 991			
Y 992 SS=F	449.2756(1)(c) Alzheimer's Fac awake staff  NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (c) At least one member of the staff is awake and on duty at the facility at all times.	Y 992			

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Y 992	Continued From page 5  This Regulation is not met as evidenced by: Based on observation and interview on 12/7/10, the facility failed to ensure one member of the staff was awake at the facility at all times (Employee #3).  Severity: 2 Scope: 3	Y 992			

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